

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	DN		4-4-01
O.I.P.E. CLASSIFIER	[Signature]	1030	6/29/01
FORMALITY REVIEW	[Signature]		
RESPONSE FORMALITY REVIEW	[Signature]	1030	6-13-01

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 + Restricted O Objected

Claim	Date
Final Original	
1	11-01
2	04-02
3	08-02
4	02-03
5	05-07
6	08-02
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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